

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/552372

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		*				
3		*				
4		+				
5		*				
6		+				
7	1					
8		*				
9		+				
10		*				
11		+				
12		*				
13	1					
14		+				
15		*				
16		+				
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	0	←		←		←
TOTAL CLAIMS	3					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						